

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Republican Campaign Committee Of New Mexico

ADDRESS (number and street)

PO Box 94083

Check if different
than previously
reported. (ACC)

Albuquerque

NM

87199

4083

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00020818

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

1 1

0 2

2 0 1 0

in the
State of

NM

(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Bill Redmond

Signature of Treasurer

Electronically Filed by Bill Redmond

Date

0 4

0 5

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Republican Campaign Committee Of New Mexico

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2010 | 100184.75 |
| (b) Cash on Hand at Beginning of Reporting Period | 280100.65 | |
| (c) Total Receipts (from Line 19) | 28275.00 | 809833.63 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 308375.65 | 910018.38 |
| 7. Total Disbursements (from Line 31) | 66202.30 | 667845.03 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 242173.35 | 242173.35 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Republican Campaign Committee Of New Mexico

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | 10865.00 | 157464.78 |
| (ii) Unitemized | 2475.00 | 138933.05 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 13340.00 | 296397.83 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 3300.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 13340.00 | 299697.83 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 285491.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 206.16 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 17.64 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 10810.00 | 187559.00 |
| (b) Levin Funds (from Schedule H5) | 4125.00 | 36862.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 14935.00 | 224421.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 28275.00 | 809833.63 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 13340.00 | 585412.63 |

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 475.62 | 44883.04 | |
| (ii) Non-Federal Share..... | 2695.09 | 179901.51 | |
| (b) Other Federal Operating Expenditures..... | 51708.78 | 208980.60 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 54879.49 | 433765.15 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 5974.81 | 77238.31 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 24000.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 742.20 | 6507.43 | |
| (ii) "Levin" Share | 4205.80 | 36875.42 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 400.00 | 89458.72 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 5348.00 | 132841.57 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 66202.30 | 667845.03 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 59301.41 | 451068.10 | |

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 13340.00 | 299697.83 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13340.00 | 299697.83 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 52184.40 | 253863.64 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 206.16 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 52184.40 | 253657.48 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Ms. Mildred Kemp

Mailing Address 1730 Miracerros Place NE

City

Albuquerque

State

NM

Zip Code

87106-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI-10590-99244-c

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jessie (Sassy) Tinling

Mailing Address 1325 Cuba Avenue

City

Alamogordo

State

NM

Zip Code

88310-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI-1268-99108-c

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Jessie (Sassy) Tinling

Mailing Address 1325 Cuba Avenue

City

Alamogordo

State

NM

Zip Code

88310-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI-1268-99275-c

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Ms. Daureen Dolce

Mailing Address 12 Westlake Drive NE

City

Albuquerque

State

NM

Zip Code

87112-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Right to Life Committ-
ee NM

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI-1671-99100-c

Amount of Each Receipt this Period

180.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joe Wright

Mailing Address 393 Calle Colina

City

Santa Fe

State

NM

Zip Code

87501-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI-17321-99266-c

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joel Carson, III

Mailing Address PO Box 3102

City

Roswell

State

NM

Zip Code

88202-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mack Energy Corporation

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI-23152-99230-c

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Hajek

Mailing Address PO Box 50787

City

Albuquerque

State

NM

Zip Code

87181-0787

FEC ID number of contributing
federal political committee.

C

Name of Employer
PNM

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI-25500-99177-c

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Cherie Kiehne

Mailing Address PO Box 1417

City

Los Lunas

State

NM

Zip Code

87031-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI-3008-99278-c

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Hazel Schmidt

Mailing Address 2916 Cuervo Drive NE

City

Albuquerque

State

NM

Zip Code

87110-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI-38780-99204-c

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)

445.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Mr. Randy Kamradt

Mailing Address 608 W Plains Avenue

City

Clovis

State

NM

Zip Code

88101-4232

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVTEK Corp

Occupation

Construction Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI-39564-99227-c

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Kurth

Mailing Address 1531 Camino Cerrito SE

City

Albuquerque

State

NM

Zip Code

87123-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI-39785-99250-c

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Joseph Semprevivo

Mailing Address 987 W Polo Grounds Drive

City

Vero Beach

State

FL

Zip Code

32966-8751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joseph's Lite Cookies

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI-40491-99105-c

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2565.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Jack Cook

Mailing Address 126 E Main Street

City

Farmington

State

NM

Zip Code

87401-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Navajo Trading CompanyOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI-40510-99200-c

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Marjorie Teague

Mailing Address 4910 Simon Drive NW

City

Albuquerque

State

NM

Zip Code

87114-4329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI-7860-99243-c

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Adeline Miller

Mailing Address PO Box 34

City

Rodeo

State

NM

Zip Code

88056-0034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI-8718-99168-c

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Mr. Fred Yates

Mailing Address PO Box 2323

City

Roswell

State

NM

Zip Code

88202-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yates Energy Corp

Occupation

Oil & Gas Exec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI-8845-99293-c

Amount of Each Receipt this Period

6000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

10865.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 36

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mrs. Janel Causey | Transaction ID: SB21B-39238-99116-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 13116 Bear Dancer Trail NE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Albuquerque State NM Zip Code 87112-3725 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Reimbursement: Insurance (Non FEA) Candidate Name | <table border="1"> <tr> <td colspan="10">170.50</td> </tr> </table> | 170.50 | | | | | | | | | | | | | | | | | | | |
| 170.50 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Ms. Ana Maria Salazar | Transaction ID: SB21B-40432-99149-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2948 Missouri Avenue | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 5 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 0 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Las Cruces State NM Zip Code 88011-4814 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Reimbursements: Under \$200 Candidate Name | <table border="1"> <tr> <td colspan="10">263.95</td> </tr> </table> | 263.95 | | | | | | | | | | | | | | | | | | | |
| 263.95 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Mrs. Marjorie Teague | Transaction ID: SB21B-7860-99279-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 4910 Simon Drive NW | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 2 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Albuquerque State NM Zip Code 87114-4329 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contractor - Administration and Reimbursement under \$200 Candidate Name | <table border="1"> <tr> <td colspan="10">5785.67</td> </tr> </table> | 5785.67 | | | | | | | | | | | | | | | | | | | |
| 5785.67 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

6220.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Ms. Pamela Navarette

Mailing Address 5320 San Mateo Boulevard NE
Apt. F75

City Albuquerque State NM Zip Code 87109-6319

Purpose of Disbursement

Paid Volunteer

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-40464-99239-e

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Comcast Cable

Mailing Address PO Box 34744

City Seattle State WA Zip Code 98124-1744

Purpose of Disbursement

Administrative/Salary/Overhead: Internet

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-40385-99271-e

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

102.07

C.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement

Cell Phones

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-6914-99114-e

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

207.47

SUBTOTAL of Disbursements This Page (optional)

419.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Public Opinion Strategies, LLC

Mailing Address 214 N Fayette Street

City
Alexandria

State
VA

Zip Code
22314-2433

Purpose of Disbursement
Survery: No Federal Candidate

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-7006-99205-e
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

15750.00

B.

Full Name (Last, First, Middle Initial)

Ms. Agnes Gaffney

Mailing Address 5905 Prenda De Oro NW

City
Albuquerque

State
NM

Zip Code
87120-1337

Purpose of Disbursement
Paid Volunteer

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-40442-99238-e
Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Ms. Agnes Gaffney

Mailing Address 5905 Prenda De Oro NW

City
Albuquerque

State
NM

Zip Code
87120-1337

Purpose of Disbursement
Paid Volunteer

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-40442-99143-e
Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

110.00

SUBTOTAL of Disbursements This Page (optional)

15970.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Ms. Ana Maria Salazar

Mailing Address 2948 Missouri Avenue

City
Las Cruces

State
NM

Zip Code
88011-4814

Purpose of Disbursement
Reimbursements: Under \$200 each

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40432-99270-e

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

327.30

B.

Full Name (Last, First, Middle Initial)

Ms. Pamela Navarette

Mailing Address 5320 San Mateo Boulevard NE
Apt. F75

City
Albuquerque

State
NM

Zip Code
87109-6319

Purpose of Disbursement
Paid Volunteer

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40464-99144-e

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mr. Shane Maier

Mailing Address 3348 N Hoisington Road

City
Winnebago

State
IL

Zip Code
61088-8638

Purpose of Disbursement
Paid Volunteer

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40450-99145-e

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

110.00

SUBTOTAL of Disbursements This Page (optional)

547.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Mr. Ash Wright

Mailing Address 6001 San Mateo Boulevard NE
Suite 1B

City Albuquerque State NM Zip Code 87109-3447

Purpose of Disbursement
Reimbursements: Under \$200 each

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40310-99268-e

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

726.52

B.

Full Name (Last, First, Middle Initial)

Pro Image

Mailing Address 11024 Montgomery Boulevard NE
313

City Albuquerque State NM Zip Code 87111-3962

Purpose of Disbursement
Bumper Stickers (Non Candidate/Election Related)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40492-99117-e

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

391.16

C.

Full Name (Last, First, Middle Initial)

Lincoln Strategy Group LLC

Mailing Address 80 E Rio Salado Parkway
Suite 814

City Tempe State AZ Zip Code 85281-9111

Purpose of Disbursement
Printing and Production: Non-Allocable Mail

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-39383-99285-e

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

10185.00

SUBTOTAL of Disbursements This Page (optional)

11302.68

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 / 36

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A. Full Name (Last, First, Middle Initial)
Stubblefield Screen Print Company, LLC

Mailing Address 2323 1st Street NW

City Albuquerque State NM Zip Code 87102-1064

Purpose of Disbursement
Tee Shirts

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-20819-99134-e
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 5 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1397.42

B. Full Name (Last, First, Middle Initial)
Cathy Alling

Mailing Address 5905 Prenda De Oro NW

City Albuquerque State NM Zip Code 87120-1337

Purpose of Disbursement
Paid Volunteer

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40443-99237-e
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 1 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

110.00

C. Full Name (Last, First, Middle Initial)
Linda Bartelsmeyer

Mailing Address 5983 Moon View Drive

City Las Cruces State NM Zip Code 88012-7164

Purpose of Disbursement
Reimbursements: Under \$200 each

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40324-99269-e
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 2 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

330.30

SUBTOTAL of Disbursements This Page (optional)

1837.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Garcia's Tents & Events, Inc.

Mailing Address 303 Arvada Avenue NW

City Albuquerque State NM Zip Code 87102-1025

Purpose of Disbursement

Chair Rental

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-2857-99254-e

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

397.75

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, NA

Mailing Address 7412 Jefferson Street NE

City Albuquerque State NM Zip Code 87109-4336

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-39724-99383-e

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

280.13

C.

Full Name (Last, First, Middle Initial)

PNM

Mailing Address PO Box 17970

City Denver State CO Zip Code 80217-0970

Purpose of Disbursement

Utilities: Electricity

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-23373-99188-e

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

331.05

SUBTOTAL of Disbursements This Page (optional)

1008.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Shane Maier | Transaction ID: SB21B-40450-99236-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 3348 N Hoisington Road | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Winnebago State IL Zip Code 61088-8638 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Paid Volunteer Candidate Name | <table border="1"> <tr> <td colspan="10">107.25</td> </tr> </table> | 107.25 | | | | | | | | | | | | | | | | | | | |
| 107.25 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Scott Zacheus | Transaction ID: SB21B-40377-99189-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 406 E Arriba Drive | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 6 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 0 | 6 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Hobbs State NM Zip Code 88240-3433 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Reimbursement: Mileage Candidate Name | <table border="1"> <tr> <td colspan="10">179.50</td> </tr> </table> | 179.50 | | | | | | | | | | | | | | | | | | | |
| 179.50 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Miss Tiffany Kardeen | Transaction ID: SB21B-34571-99115-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 11804 Palo Duro Avenue NE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Albuquerque State NM Zip Code 87111-4145 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Reimbursement: Office Supplies and Insurance (Non-FEA) Candidate Name | <table border="1"> <tr> <td colspan="10">146.88</td> </tr> </table> | 146.88 | | | | | | | | | | | | | | | | | | | |
| 146.88 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

433.63

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

McMillan New Mexico Heritage Foundation

Mailing Address 500 4th Street NW
Suite 1000

City Albuquerque State NM Zip Code 87102-2186

Purpose of Disbursement
Administrative/Salary/Overhead: Rent

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-22986-99102-e

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2150.00

B.

Full Name (Last, First, Middle Initial)

Cathy Alling

Mailing Address 5905 Prenda De Oro NW

City Albuquerque State NM Zip Code 87120-1337

Purpose of Disbursement
Paid Volunteer

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40443-99146-e

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Direct Mail Systems, Inc.

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 33762-4427

Purpose of Disbursement
Fundraising: Postage for Direct Mail

Candidate Name

003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-13349-99196-e

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

412.50

SUBTOTAL of Disbursements This Page (optional) ▶

2672.50

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 36

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address 6255 San Antonio Drive NE

City Albuquerque State NM Zip Code 87109-9211

Purpose of Disbursement

Stamp Rolls

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-7798-99151-e

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

132.00

B.

Full Name (Last, First, Middle Initial)

Aristotle International, Inc.

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement

Computer Service Contract

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-6138-99281-e

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Julia Ruetten

Mailing Address 6110 Academy Road NE
Apt. 86

City Albuquerque State NM Zip Code 87109-2800

Purpose of Disbursement

Reimbursement: Office Supplies and Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-40307-99147-e

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

20.08

SUBTOTAL of Disbursements This Page (optional)

1652.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 36

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------------------|------------------------|--|---|----------------------------------|----------------|---|--|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Kial Vidic | Transaction ID: SB21B-40334-99148-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1230 Mahood Road | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 5 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 0 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City West Sunbury</td> <td>State PA</td> <td>Zip Code 16061-2020</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Reimbursements: Under \$200</td> <td rowspan="2"> <div>001</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> | City West Sunbury | State PA | Zip Code 16061-2020 | Purpose of Disbursement Reimbursements: Under \$200 | | <div>001</div> Category/ Type | Candidate Name | | Amount of Each Disbursement this Period <div>305.88</div> | | | | | | | | | | | | |
| City West Sunbury | State PA | Zip Code 16061-2020 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Reimbursements: Under \$200 | | <div>001</div> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) P & M Sign, Inc. | Transaction ID: SB21B-7875-99150-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 567 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 5 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 0 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City Mountainair</td> <td>State NM</td> <td>Zip Code 87036-0567</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Yard Signs</td> <td rowspan="2"> <div>001</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> | City Mountainair | State NM | Zip Code 87036-0567 | Purpose of Disbursement Yard Signs | | <div>001</div> Category/ Type | Candidate Name | | Amount of Each Disbursement this Period <div>6500.00</div> | | | | | | | | | | | | |
| City Mountainair | State NM | Zip Code 87036-0567 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Yard Signs | | <div>001</div> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Fiesta Del Norte One, LLC | Transaction ID: SB21B-25551-99232-e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address C/O NAI Horizon Real Estate Group 2944 North 44th St, Ste 200 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City Phoenix</td> <td>State AZ</td> <td>Zip Code 85018</td> </tr> <tr> <td colspan="2">Purpose of Disbursement October Rent</td> <td rowspan="2"> <div>001</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> | City Phoenix | State AZ | Zip Code 85018 | Purpose of Disbursement October Rent | | <div>001</div> Category/ Type | Candidate Name | | Amount of Each Disbursement this Period <div>2387.13</div> | | | | | | | | | | | | |
| City Phoenix | State AZ | Zip Code 85018 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement October Rent | | <div>001</div> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

9193.01

TOTAL This Period (last page this line number only)

51257.51

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 36

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A. Full Name (Last, First, Middle Initial)
Republican Party of Sandoval County

Mailing Address PO Box 1064

City Bernalillo State NM Zip Code 87004-1064

Purpose of Disbursement
Administrative/Salary/Overhead: Rent

Candidate Name
Republican Party of Sandoval County

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-2312-99186-e
Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

600.00

B. Full Name (Last, First, Middle Initial)
Republican Party of Santa Fe County

Mailing Address PO Box 31995

City Santa Fe State NM Zip Code 87594-1995

Purpose of Disbursement
Reimbursement: Comcast Bill

Candidate Name
Republican Party of Santa Fe County

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-2313-99190-e
Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

97.31

C. Full Name (Last, First, Middle Initial)
Republican Party of Lea County

Mailing Address PO Box 1934

City Hobbs State NM Zip Code 88241-1934

Purpose of Disbursement
Administrative/Salary/Overhead: Rent

Candidate Name
Republican Party of Lea County

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-16223-99185-e
Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional)

1997.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 36

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A. Full Name (Last, First, Middle Initial)
Republican Party of Dona Ana County

Mailing Address 121 Wyatt Drive
Suite 16

City Las Cruces State NM Zip Code 88005-2960

Purpose of Disbursement
Rent and Utilities

Candidate Name
Republican Party of Dona Ana County

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22-17208-99184-e

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2777.50

B. Full Name (Last, First, Middle Initial)
Republican Party of Chaves County

Mailing Address PO Box 774

City Roswell State NM Zip Code 88202-0774

Purpose of Disbursement
Administrative/Salary/Overhead: Rent

Candidate Name
Republican Party of Chaves County

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22-219-99187-e

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional)

3977.50

TOTAL This Period (last page this line number only)

5974.81

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial)

San Juan County Clerk

Mailing Address PO Box 550

City
Aztec

State
NM

Zip Code
87410-0550

Purpose of Disbursement
FEA 100% Federal: Voter Lists

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30b-341-99099-e

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- X Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 27 / 36
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

NAME OF ACCOUNT
 WF Allocation

DATE OF RECEIPT

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

2660.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

2660.00

Transaction ID: H3A-40453-82199

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 28 / 36
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

NAME OF ACCOUNT
 WF Allocation

DATE OF RECEIPT

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

8150.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8150.00

Transaction ID: H3A-40462-82202

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

10810.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

10810.00

A. Form/Schedule : **H3**

Additional Notes With Regards to H3 Transfers_____

_____ 10/13/2010 transfer for \$8,150.00: Admin Tsf_____

_____ 10/4/2010 transfer for \$2,660.00: Admin Tsf_____

Transaction ID : **H3A-40462-82202**

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 30 / 36
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A. Full Name (Last, First, Middle Initial)
PNM

Mailing Address

PO Box 17970

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Denver | CO | 80217-0970 |

 Purpose of Disbursement:
Utilities: Electric
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 411 - 1200

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

178149.04

 Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: H4-23373-99299-e

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 50.32 | | 285.14 | | 335.46 |

B. Full Name (Last, First, Middle Initial)
LexisNexis

Mailing Address

PO Box 894166

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Los Angeles | CA | 90189-4166 |

 Purpose of Disbursement:
Online Subscription
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 411 - 1200

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

178149.04

 Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: H4-24366-99300-e

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 63.71 | | 360.99 | | 424.70 |

C. Full Name (Last, First, Middle Initial)
New Mexico Gas Company

Mailing Address

PO Box 173341

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Denver | CO | 80217-3341 |

 Purpose of Disbursement:
Utilities: Gas
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 411 - 1200

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

178149.04

 Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: H4-39214-99298-e

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.84 | | 16.07 | | 18.91 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 116.87 | | 662.20 | | 779.07 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 31 / 36
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A. Full Name (Last, First, Middle Initial)
Howard & Koval, PC

Mailing Address
PO Box 30850

City State Zip Code
Albuquerque NM 87190-0850

Purpose of Disbursement:
Accounting Services

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 411 - 1200

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

178149.04

Date M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: H4-20380-99297-e

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 200.63 | | 1136.87 | | 1337.50 |

B. Full Name (Last, First, Middle Initial)
Mountain States Mutual Casualty Co.

Mailing Address
PO Box 93254

City State Zip Code
Albuquerque NM 87199-3254

Purpose of Disbursement:
Insurance

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 411 - 1200

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

178149.04

Date M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: H4-34706-99301-e

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 158.12 | | 896.02 | | 1054.14 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 358.75 | | 2032.89 | | 2391.64 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| 475.62 | 2695.09 | 3170.71 |

SCHEDULE H5 (FEC Form 3X)
TRANSFERS OF LEVIN FUNDS FOR
SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

| | |
|-------------------------|---------|
| PAGE | 32 / 36 |
| FOR LINE 18b OF FORM 3X | |

NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

NAME OF ACCOUNT

WF Allocation Tsfs

DATE OF RECEIPT

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 8 | | 2 | 0 | 1 | 0 |

TOTAL AMOUNT TRANSFERRED

2975.00

Transaction ID: H540457-82201

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

0.00

ii) **Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

0.00

iii) **GOTV**

Total Amount Transferred for GOTV.....

GOTV

2975.00

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

0.00

NAME OF ACCOUNT

WF Allocation Tsfs

DATE OF RECEIPT

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 7 | | 2 | 0 | 1 | 0 |

TOTAL AMOUNT TRANSFERRED

1150.00

Transaction ID: H540456-82200

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

1150.00

ii) **Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

0.00

iii) **GOTV**

Total Amount Transferred for GOTV.....

GOTV

0.00

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

0.00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

1150.00

TOTAL This Period (Voter ID).....

0.00

TOTAL This Period (GOTV).....

2975.00

TOTAL This Period (Generic Campaign Activity).....

0.00

TOTAL This Period (Total Amount of Transfers Received).....

4125.00

SCHEDULE H6 (FEC Form 3X) **DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS** **FOR SHARED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

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FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A. Full Name (Last ,First, Middle Initial) / Full Organization Name

Dona Ana County FRW

Type of Allocated Activity or Event:☒

Voter Registration

☐

GOTV

☐

Voter ID

☐

Generic Campaign

Allocated Activity or Event Year-To-Date

19981.00

Mailing Address

15 Happy Trails Drive

City

Las Cruces

State

NM

Zip Code

88005-3973

Category/
Type

Purpose of Disbursement

Voter Registration Table

Date ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

1 0

0 7

2 0 1 0

FEDERAL SHARE

19.20

+ LEVIN SHARE

108.80

= TOTAL AMOUNT

128.00

Transaction ID: H6-30466-99195-e

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Guerin Inc

Type of Allocated Activity or Event:☐

Voter Registration

☒

GOTV

☐

Voter ID

☐

Generic Campaign

Allocated Activity or Event Year-To-Date

8401.85

Mailing Address

213 E Duncan Avenue

City

Alexandria

State

VA

Zip Code

22301-1727

Category/
Type

Purpose of Disbursement

Contractor: Fundraising Services

Date ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

1 0

0 8

2 0 1 0

FEDERAL SHARE

525.00

+ LEVIN SHARE

2975.00

= TOTAL AMOUNT

3500.00

Transaction ID: H6-40518-99235-e

C. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mr. Mitch Meyers

Type of Allocated Activity or Event:☒

Voter Registration

☐

GOTV

☐

Voter ID

☐

Generic Campaign

Allocated Activity or Event Year-To-Date

19981.00

Mailing Address

1713 Gabaldon Drive NW

City

Albuquerque

State

NM

Zip Code

87104-2770

Category/
Type

Purpose of Disbursement

Voter Registration Table

Date ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

1 0

0 7

2 0 1 0

FEDERAL SHARE

198.00

+ LEVIN SHARE

1122.00

= TOTAL AMOUNT

1320.00

Transaction ID: H6-25022-99194-e

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

742.20

+ LEVIN SHARE

4205.80

= TOTAL AMOUNT

4948.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

742.20

LEVIN SHARE

4205.80

TOTAL AMOUNT

4948.00

TOTAL This Period for the Levin Share

SCHEDULE L (FEC Form 3X)

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AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: Levin-1

NAME OF COMMITTEE (In Full)
Republican Campaign Committee Of New Mexico

NAME OF ACCOUNT
Levin

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|--|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS | | |
| a. Itemized..... (Use Schedule L-A) | 0.00 | 85000.00 |
| b. Unitemized..... | 0.00 | 0.00 |
| c. Total..... | 0.00 | 85000.00 |
| 2. OTHER RECEIPTS..... | 0.00 | 23750.00 |
| 3. TOTAL RECEIPTS..... (Add Lines 1c and 2) | 0.00 | 108750.00 |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| a. Voter Registration..... | 1150.00 | 15722.00 |
| b. Voter ID..... | 0.00 | 13130.00 |
| c. GOTV..... | 2975.00 | 7140.00 |
| d. Generic Campaign..... | 0.00 | 0.00 |
| e. Total..... | 4125.00 | 35992.00 |
| 5. OTHER DISBURSEMENTS..... | 0.00 | 65266.00 |
| 6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5) | 4125.00 | 101258.00 |
| 7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st) | 11617.00 | 0.00 |
| 8. RECEIPTS..... (from Line 3) | 0.00 | 108750.00 |
| 9. SUBTOTAL..... (Add Lines 7 and 8) | 11617.00 | 108750.00 |
| 10. DISBURSEMENTS..... (From Line 6) | 4125.00 | 101258.00 |
| 11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9) | 7492.00 | 7492.00 |

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

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☒ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Republican Campaign Committee Of New Mexico

Mailing Address PO Box 94083

City

Albuquerque

State

NM

Zip Code

87199-4083

Purpose of Disbursement

Admin Tsf

Transaction ID: SBSL4A-82200

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

1150.00

Account: 1

SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

1150.00

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**Use separate schedule(s)
for each category of the
Aggregation PageFOR LINE NUMBER:
(check only one)

PAGE 36 / 36

| | | | | | |
|--------------------------|----|-------------------------------------|----|--------------------------|---|
| <input type="checkbox"/> | 4a | <input checked="" type="checkbox"/> | 4c | <input type="checkbox"/> | 5 |
| <input type="checkbox"/> | 4b | <input type="checkbox"/> | 4d | | |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Republican Campaign Committee Of New Mexico

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Republican Campaign Committee Of New Mexico

Mailing Address PO Box 94083

City

Albuquerque

State

NM

Zip Code

87199-4083

Purpose of Disbursement

Admin Tsf

Transaction ID: SBSL4C-82201

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2975.00

Account: 1

SUBTOTAL of Disbursements This Page (optional)

2975.00

TOTAL This Period (last page this line number only)

2975.00